FORM D

186368

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Concept Ventures Corporation
Filing Under (Check box(es) that apply:) Rule 504 Rule 505 Rule 506 Section 4(6)
Type of Filing: ⊠ New Filing ☐ Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Concept Ventures Corporation
Address of Executive Offices (Number and Street, City, State Zip Code) Telephone Number (Including Area Code)
Room 2201 Tower A, Cyber Times Building, Tian'an Cyber Park, Futian District, Shenzhen, China 518040 (86) 755-83475580
Address of Principal Business Operations (Number and Street, City, State and Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business: The Company, through subsidiaries, designs, develops, manufactures and sells environmentally friendly lead-acid batteries
Type of Business Organization
Actual or Estimated Date of Incorporation or Organization: Month Year THOMSON FINANCIAL
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Halter, Timothy P.
Business or Residence Address (Number and Street, City, State, Zip Code) Room 2201 Tower A, Cyber Times Building, Tian'an Cyber Park, Futian District, Shenzhen, China 518040
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Hu, Jiada
Business or Residence Address (Number and Street, City, State, Zip Code)
Room 2201 Tower A, Cyber Times Building, Tian'an Cyber Park, Futian District, Shenzhen, China 518040
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Zeng, Jianjun
Business or Residence Address (Number and Street, City, State, Zip Code)
Room 2201 Tower A, Cyber Times Building, Tian'an Cyber Park, Futian District, Shenzhen, China 518040
Check Box(es) that Apply: Promoter Beneficial Owner 🗵 Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) He, Degang
Business or Residence Address (Number and Street, City, State, Zip Code)
Room 2201 Tower A, Cyber Times Building, Tian'an Cyber Park, Futian District, Shenzhen, China 518040
Check Box(es) that Apply: Promoter Beneficial Owner SExecutive Officer Director Managing Partner
Full Name (Last name first, if individual) Cai, Zhenghua
Business or Residence Address (Number and Street, City, State, Zip Code)
Room 2201 Tower A, Cyber Times Building, Tian'an Cyber Park, Futian District, Shenzhen, China 518040
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Peng, Henying
Business or Residence Address (Number and Street, City, State, Zip Code)
D3-706, Fuyuan Garden, Futian District, Shenzhen City, Guangdong Province 518040, China.
Check Box(es) that Apply: Promoter
Full Name (Last name first, if individual)
Pope Investments LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
5100 Poplar Ave., Suite 805, Memphis, TN 38137

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					A. BASIC IDEN	TIFI	CATION DATA				
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 											
Check Box(e	s) that Apply:		Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
•	ast name first	, if inc	dividual)								
Wells, Will											
	Residence Ad		•		et, City, State, Zip C e., Suite 805, Mei						
	s) that Apply:				Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first	, if in	dividual)								
 Business or I	Residence Ad	dress	(Number	and Stre	et, City, State, Zip (ode)					
Check Box(e	s) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Name (L	ast name first	, if in	dividual)								
Business or I	Residence Ad	dress	(Number	and Stre	et, City, State, Zip (Code)					
Check Box(e	s) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first	i, if in	dividual)								
Business or I	Residence Ad	dress	(Number	and Stre	et, City, State, Zip C	Code)					
Check Box(e	s) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first	t, if in	dividual)								
Business or	Residence Ad	dress	(Number	and Stre	et, City, State, Zip (Code)					
Check Box(e	s) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L	ast name first	t, if in	dividual)								
Business or I	Residence Ad	dress	(Number	and Stre	et, City, State, Zip (Code)					
Check Box(e	s) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				В.	INFORMA	TION ABOU	JT OFFERII	NG				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No ⊠	
2. What is the minimum investment that will be accepted from any individual?										\$50,000		
3. Does t	he offering p	permit joint o	ownership o	f a single ur	nit?			Yes ⊠	No			
commi a perso states,	the informa ssion or sin on to be liste list the nan or dealer, y	nilar remune ed is an ass ne of the bro	eration for so ociated persocker or deal	olicitation of son or agen er. If more	purchasers t of a broker than five (5	in connecti or dealer re) persons to	on with sale egistered wi o be listed a	es of securit th the SEC a	ies in the of and/or with	fering. If a state or		
	(Last name pital Parti		•									
•	-			Carres Oit	. C4-4- 7:-	C-1-\						
	or Residence orate Plaz					Code)						
Name of A	ssociated B	roker or De	aler						 			
Roth Ca	pital Parti	ners, LLC										
	Which Perso										(×	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Last name Iunter Sec											
Giobai i	tunter Sec	ui ities, Li			-							
	or Residence Iras Street	•				Code)						
	ssociated B Lunter Sec											
	Which Perso											All States
[AL]	[AK]	[AZ]	(AR)	S) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	[ID]
(1L)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	(MN)	[MS]	[MO]
(MT)	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	(ND)	[OH]	(OK)	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
Full Name	(Last name	first, if indiv	/idual)									
Business	or Residenc	e Address (I	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated B	roker or De	aler									
Hame of A	issociated E	NOKOI OI BC	uici			! 4						
	Which Perso										E	All States
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	(ID)
[IL]	[IN]	(A)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
IRII	ISCI	ISDI	[TN]	ПΧ	ΙUΠ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities				
offered for exchange and already exchanged.				
Type of Security		Aggregate Offering Price		Amount Aiready Sold**
Debt	\$_		9	\$
Equity	\$_	12,250,000	\$	12,249,985**
Convertible Securities (including warrants)	\$_	3,663,333.88*	\$	<u> </u>
Partnership Interests	\$_			
Other (Specify)	\$		\$	\$
Total	\$	16,163,333.88	•	12,249,985**
Answer also in Appendix, Column 3, if filling under ULOE.	_	,	•	
*three-year warrants to purchase 1,317,746 shares of Concept Ventures common stock at \$2.78 per share 2.Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		**Includes investments pursuant to Reg S Aggregate Dollar Amount of Purchases
Accredited Investors		19**	3	12,249,985**
Non-accredited Investors	_	0	•	0
Total (for filings under Rule 504 only)	_		•	
Answer also in Appendix, Column 4, if filing under ULOE.	-			
3.If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of so offering. Classify securities by type listed in Part C-Question 1. Type of offering		rities in this Type of		Dollar Amount Sold
Rule 505		Security N/A	q	Solu S N/A
Regulation A	_			N/A
Rule 504	_		•	N/A
Total	_	N/A	•	N/A
4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the offering. Exclude amounts relating solely to organization expenses of the issuer. The information subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate	e se n m	ecurities in this ay be given as	. *	11/12
to the left of the estimate.	anc	Check the box		
Transfer Agent's Fees			\$. 0
Printing and Engraving Costs			\$	0
Legal Fees		X	\$	100,000
Accounting Fees			\$	0
Engineering Fees			\$	<u> </u>
Sales Commissions (specify finders' fees separately)		X	\$	857,498.96
Other Expenses (identify)			•	
Total		×	\$	957,498.96

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPE	NSE	S A	ND USE OF PI	RO	CEEDS
b. Enter the difference between the aggregate offering price given in response to P Question 1 and total expenses furnished in response to Part C - Question 4.a. difference is the "adjusted gross proceeds to the issuer."	Thi	s		Œ	\$15,205,834.92
Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not furnish an estimate and check the box to the left of the estimate. The total of the partised must equal the adjusted gross proceeds to the issuer set forth in response to Function 4.b. above.	known yment	1, S			
			Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and Fees	. 🗖	\$_			\$
Purchase of real estate	. 🗖	\$_			\$
Purchase, rental or leasing and installation of machinery and equipment	. \square	\$			\$
Construction or leasing of plant buildings and facilities					\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)					\$
Repayment of indebtedness	_	_			\$
Working capital		_			
Other (specify)					\$
Column Totals		-	15,205.834.92		
		_			T
Total Payments Listed (column totals added)			図 \$1	5,2	05,834.92
D. FEDERAL SIGNATU	JRE				
ne issuer has duly caused this notice to be signed by the undersigned duly authorize gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and formation furnished by the issuer to any non-accredited investor pursuant to paragraph ter (Print or Type) Concept Ventures Corporation Signature Jiwdw	d Exct (b)(2)	nang of Ri	e Commission, upo	on w	rnder Rule 505, he folloritten request of its sta
Title (Print or Type) Jiada Hu Jinda /-	lu		President	•	<u>.f</u>
				•	
ATTENTION					
Intentional misstatements or omissions of fact constitute federal	crimi	nal v	riolations. (See 18	<u>. U.</u> S	S.C. 1001).

033152/3

 \mathbb{END}